

CLAIMS ONLY

Application Number

"Filling" Date

20/537770

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2	/					
3	/					
4		/				
5		/				
6		/				
7		/				
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49						
50						
Total Indep.	1					
Total Depend.	15					
Total Claims	16					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						